

(Rev. 5/05)

**FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983**

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE**

(1) YES-HA ABRAHAM OVZGIBIC :
(Name of Plaintiff) (Inmate Number) :

DCC 1181 PADDUCK RD. :
SMYRNA, DE. 19977 :
(Complete Address with zip code) :

(2) _____ :
(Name of Plaintiff) (Inmate Number) :

(Complete Address with zip code)

(Each named party must be listed, and all names
must be printed or typed. Use additional sheets if needed)

vs.

(1) WARDEN THOMAS CARROLL :
(2) MEDICAL DIRECTOR DR. ALTEE :
(3) MEDICAL ADMIN. ANNE MUNSON :
(Names of Defendants) :

(Each named party must be listed, and all names
must be printed or typed. Use additional sheets if needed)

I. PREVIOUS LAWSUITS

- A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

N/A

05 657

(Case Number)
(to be assigned by U.S. District Court)

CIVIL COMPLAINT

• • Jury Trial Requested



II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

- A. Is there a prisoner grievance procedure available at your present institution? ••Yes ••No
- B. Have you fully exhausted your available administrative remedies regarding each of your present claims? ••Yes ••No
- C. If your answer to "B" is Yes:
1. What steps did you take? FILED INSTITUTION MEDICAL GRIEVANCE
 2. What was the result? TIME EXPIRED. PURSUANT TO 4.4 INMATE GRIEVANCE PROCEDURE V.C.
- D. If your answer to "B" is No, explain why not: N/A

III. DEFENDANTS (in order listed on the caption)

- (1) Name of first defendant: WARDEN THOMAS CARROLL
 Employed as WARDEN at THE DE. CORR. CTR.
 Mailing address with zip code: DE. CORR. CTR. 1181 PADDOCK RD.
SMYRNA, DE. 19977
- (2) Name of second defendant: MEDICAL DIRECTOR DR. ALTFE
 Employed as MEDICAL DIRECTOR at DE. CORR. CTR.
 Mailing address with zip code: DE. CORR. CTR. 1181 PADDOCK RD.
SMYRNA, DE. 19977
- (3) Name of third defendant: MEDICAL ADMIN. AMY MUNSON
 Employed as MEDICAL ADMINISTRATOR at DE. CORR. CTR.
 Mailing address with zip code: DE. CORR. CTR. 1181 PADDOCK RD.
SMYRNA, DE. 19977
- (List any additional defendants, their employment, and addresses with zip codes, on extra sheets if necessary)

IV. STATEMENT OF CLAIM

(State as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets of paper if necessary.)

1. ON JAN. 21ST, 2001, A CYST APPEARED ON THE PLAINTIFFS FOREHEAD AT WHICH TIME WAS THE SIZE OF A MATCH HEAD, AND HAD BECOME VERY SENSITIVE AND PAINFUL.
2. OVER THE LAST 4 1/2 YEARS THE PLAINTIFF HAS SUBMITTED MULTIPLE SICK CALL SLIPS AND MEDICAL CERTIFICATES AND THE MEDICAL DEPARTMENT HAS FAILED TO TREAT THIS PROBLEM.
3. AS OF SEPT 1ST, 2005, THE CYST HAS BECOME THE SIZE OF A GOLF BALL ON THE PLAINTIFFS FOREHEAD, AND THE PLAINTIFF IS IN CONSTANT PAIN AND THE MEDICAL DEPT. STILL FAILS TO HELP.

V. RELIEF

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. ISSUE A PERMANENT INJUNCTION ORDERING DEFENDANTS DR. ALICE AND AMY MONSON TO TAKE PLAINTIFF TO OUTSIDE HOSPITAL TO HAVE SITUATION TREATED BY OUTSIDE DOCTORS.

Certificate of Service

I, JES-HA ABRAHAM, hereby certify that I have served ^{Two} true and correct cop(ies) of the attached: § 1983 CIVIL COMPLAINT FORMS upon the following parties/person (s):

TO: <u>WARREN THOMAS CARROLL</u>	TO: <u>DE. CENTER FOR JUSTICE</u>
<u>DELAWARE CORRECTIONAL CENTER.</u>	<u>100 W. 10TH ST</u>
<u>1181 PADDOCK RD.</u>	<u>SUITE # 905</u>
<u>SMYRNA, DE. 19977</u>	<u>WILMINGTON, DE. 19801</u>

TO: <u>MEDICAL DIRECTOR</u>	TO: <u>MEDICAL ADMINISTRATOR</u>
C/O: <u>DR. ALIEE</u>	<u>AMY MUNSON</u>
<u>DE. CORR. CTR.</u>	<u>DE. CORR. CTR.</u>
<u>1181 PADDOCK RD.</u>	<u>1181 PADDOCK RD.</u>
<u>SMYRNA, DE. 19977</u>	<u>SMYRNA, DE. 19977</u>

BY PLACING SAME IN A SEALED ENVELOPE and depositing same in the United States Mail at the Delaware Correctional Center, 1181 Paddock Road, Smyrna, DE 19977.

On this 15th day of SEPTEMBER, 2005

X ~~Jes-Ha Abraham~~
ABraham

2. THE SUM OF \$50,000 JOINTLY AND SEVERLY
AGAINST DEFENDANTS DR. ALICE AND AMY
MUNSON FOR THE PLAINTIFFS PHYSICAL AND
EMOTIONAL PAIN. (COMPENSATORY DAMAGES)
3. THE SUM OF \$25,000. JOINTLY AND
SEVERLY AGAINST DEFENDANTS, THOMAS
CARROLL, DR. ALICE AND AMY MUNSON
FOR DELIBERATE INDIFFERENCE AGAINST
PLAINTIFF. (PUNITIVE DAMAGES)

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 1ST day of SEPTEMBER, 2005.

X *[Signature]*
(Signature of Plaintiff 1)

(Signature of Plaintiff 2)

(Signature of Plaintiff 3)

IM Yes-HA ABRAMSON
SBI# 00261310 UNIT MAJ 23
DELAWARE CORRECTIONAL CENTER
1181 PADDOCK ROAD
SMYRNA, DELAWARE 19977



UNITED STATES DISTRICT COURT
CLERKS OFFICE
844 N. KING ST (lower 2)
WILMINGTON, DE. 19801